	TERSI ATIVE RESOURCE CONT.	S CUAT
FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 December 31, 2013 For use by candidates and new employees	2013 AUG -7 KH	40
Name: Erin Bilbray Daytime Telephone:	Mathematical new research of the contract of t	F (200)
	(Office Use Only)	
the State: Nevada Date of June 10, 2013 Check if Election: June 10, 2013 Amendment	A <i>\$200 penalty</i> shall be assessed against any individual who files	assessed who files
New officer or Employing Office:		
In all sections, please type or print clearly in blue or black ink. PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS		
i. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes X No If yes, complete and attach Schedule I.	e date ars? Yes X	8
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Yes V. Did you have any reportable agreement or arrangement with an outside entity? With an outside entity? If yes, complete and attach Schedule V.	ont Yes 🔲	No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X No If yes, complete and attach Schedule III.	rom Yes 🔲	× No
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	"Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF TH	R EACH OF THESE QUESTIONS	<u></u>
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes X	S S
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	n child Yes	×

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Erin Bilbray Page 2 of 5

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: willianly pay (such as National Scand of Leselve pay), lederal en	reserve pay), rederar remember programs, and perems in	eceived diluei file Social Security Act.	Security Act.
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	₹	Ŋ
Emerge Nevada, Las Vegas, Nevada	Salary	\$ 38,000.00	\$ 39,000.00
Bilbray & Associates, LLC	Salary	\$ 00.00	\$ 21,848.00
Friends of Catherine Cortez-Masto	Salary	\$ 4,000.00	\$ 49,000.00
Advanstaff, Inc.	Spouse Salary	\$ 75,000.00	\$ 150,000.00
Good Night Pediatrics	Spouse Salary	\$ 10,920.00	\$ 15,535.00
First Person Care Clinic	Spouse Salary	\$ 3,692.00	\$00.00

SCHEDULE II — ASSETS AND "UNEARNED" INCOME

ВLОСК В	AND "UNEARNED" INCOME
BLOCK C	
BLOCK D	Name Erin Bilbray
	Pageof

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			Bilbray Fa	ING, 401K	Burke & F		Examples: Simon	SP Mega	For an ownership interest in a prinately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vecation homes (ur/less there was rental income during the reporting period); any deposits total-ing \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income accounts; and any financial interest (PSP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Asset and/or income Source identify (a) each saset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or ecurces of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds. For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.
			Bilbray Family Trust		Burke & Herbert Bank, IRA	1st Benk of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	n a privately-held be state the name of the state the name of the third state of the name of the of the na	ncome Soun for investment or pro tivative exceeding \$: period, and (b) an of income which ge of income during to it stocks and mutus if stocks and
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					×	T	 	П	\$1 - \$1,000	Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None." This column is for assets solely held by your spouse or dependent child.
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							8	×	\$50,001 - \$100,000	Les inc
						×			\$100,001 - \$250,000	or mine the state of the state
								<u> </u>	\$250,001 - \$500,000	BLOCK B Value of Asset tilue of asset at clor year. If you use a va ner than fair marke scify the method us was sold during the d income, the valu mn is for assets so ouse or dependent
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					4	╄-	Ļ		Spouse/DC Asset over \$1,000,000*	
lacksquare	_			×	×_	╄		×	NONE	Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the Tax-Deferred column. Dividencia, innerest, and capital gains, even if reinvested, must be disclosed as income. Check None' if the asset generated no income during the reporting period.
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									\$1,000,001 - \$5,000,000 ×	BLOCK D Amount of Income Amount of Income Amount of Income s for which you checked "Tax-Deferred" in Block C, you not come to the category checking the appropriate box below. Dividends, Interstal gains, even if reinvested, must be disclosed Check "None" if no income was earned or generated. Jumn is for income derived from assets solely held by rependent child.
							-			Amount of Income Amount of Income Amount of Income Amount of Income For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated. * This column is for income derived from assets solely held by your spouse or dependent child.

SCHEDULE III - LIABILITIES

Name Erin Bilbray Page 4_ of 5

ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount

		!						AFFIG	Umr o	Amount of Liability	N N		ŧ	
Ъ С, 8	Creditor	Date Liability Incurred mo/year	Type of Liability	\$10,001— \$15,000 >	\$15,001— \$50,000 2	\$50,001 \$100,000 O	\$100,001— \$250,000	\$250,001 \$500,000 M	\$500,001 \$1,000,000	\$1,000,001— \$5,000,000 ©	\$5,000,001— \$25,000,000 ==	\$25,000,001— \$50,000,000		Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				×				Ш	1	Щ	
SP	SallieMae	12/1991	Student Loan			X								
JΤ	Parental Loan	7/2008	Personel Loan			×							<u> </u>	
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SCHEDULE IV — POSITIONS

any nonprofit organization, any labor organization, or any educational or other institution other than the United States Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization); and positions solely of an honorary nature

and positions solely of an inchionary materies.	GIGITS.
Position	Name of Organization
Board of Directors	Emerge America
Board of Directors	Emerge Nevada

SCHEDULE V - AGREEMENTS

Name Erin Bilbray	
Page 5 of 5	

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	service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuin	identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a lear
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Date	Parties To
N/A	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	

GPO: 2013

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